

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN3659AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2008
NAME OF PROVIDER OR SUPPLIER KRYSTONS HOME CARE 2		STREET ADDRESS, CITY, STATE, ZIP CODE 7990 ZINFANDEL DRIVE RENO, NV 89506		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 10/27/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed. Two discharged resident files were reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	Y 000		
Y 175 SS=C	449.209(4)(b) Health and Sanitation-Hazards NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility. This Regulation is not met as evidenced by: Based on observation on 10/27/08, the facility was not free of hazards and accumulations of refuse. Findings include: A tour of the facility's exterior premises revealed	Y 175		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 175	Continued From page 1 there were obstacles which could impede the free movement of residents, including a broken chair, four long pipes, and two wooden planks. Severity: 1 Scope: 3	Y 175			
Y 272 SS=C	449.2175(3) Service of Food - Menus NAC 449.2175 3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days. This Regulation is not met as evidenced by: Based on observation, record review and interview on 10/27/08, menus were not dated or kept on file for 90 days and substitutions were not noted on the written menus. Findings include: During the facility tour it was observed that the posted menu was not dated and that substitutions had not been noted on the menu. Employee #1 stated he wrote daily meals on the white board on the refrigerator. He also stated the facility did not keep menus on file. Severity: 1 Scope: 3	Y 272			
Y 436 SS=D	449.229(5) Protection from Fire; Portable Heaters NAC 449.229 5. A portable heater or space heater must not be used in a residential facility unless the heater:	Y 436			

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Y 444	Continued From page 3 the facility did not ensure 2 of 5 smoke detectors were in proper operating condition. Findings include: During a tour of the facility at 9:30 AM, it was observed that two of five smoke detectors did not have batteries installed. Employee #2 stated he did not notice that batteries were missing in the two smoke detectors in the hallway and back bedroom. Severity: 2 Scope: 2	Y 444		
Y 533 SS=C	449.260(1)(g)(2) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (g) Post, in a common area of the facility, a calendar of activities for each month that notifies residents of the major activities that will occur in the facility. The calendar must be: (2) Kept on file at the facility for not less than 6 months after it expires. This Regulation is not met as evidenced by: Based on record review and interview on 10/27/08, the administrator did not post a dated calendar of activities or keep the monthly calendars on file for six months. Findings include: A tour of the facility revealed there was a	Y 533		

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Y 533	Continued From page 4 calendar of activities posted in the dining area, but that it had not been dated. There were no previous activity calendars on file. Employee #1 stated she did not know activity calendars were to be dated each month and kept on file for six months. Severity: 1 Scope: 3	Y 533			
Y 645 SS=A	449.2704(1) Rate Agreement NAC 449.2704 The administrator of a residential facility shall, upon request, make the following information available in writing: 1. The basic rate for the services provided by the facility. This Regulation is not met as evidenced by: Based on record review and interview on 10/21/08, the facility failed to provide a rate agreement for 1 of 5 residents (Resident #1). Resident #1 - Date of admission unknown but reported by Employee #2 to be three weeks ago. The resident's file contained an admission rate agreement for another facility dated 8/30/05 but not a current agreement for this facility. The employee admitted that he had not asked the resident or the resident's representative to sign a new rate agreement. Severity: 1 Scope: 1	Y 645			

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Y 662	Continued From page 5	Y 662			
Y 662 SS=A	<p>449.2706(2) Transfer of Resident</p> <p>NAC 449.2706(2) A resident, his next of kin and the responsible agency, if any, must be consulted and adequate arrangements must be made to meet the resident's needs through other means before he permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on interview on 10/27/08, the facility did not notify or consult with the resident, family, or responsible agency of a resident before discharge 1 of 7 residents.</p> <p>Findings include:</p> <p>Resident #7 - Employee #2 reported that he moved the resident to another facility "about 3 weeks ago." The employee reported he did not notify the resident's responsible party prior to the transfer.</p> <p>Severity: 1 Scope: 1</p>	Y 662			
Y 875 SS=D	<p>449.2742(3) medication administration / side effects</p> <p>NAC 449.2742 3. Before assisting a resident in the administration of any medication, including, without limitation, any over-the-counter medication or dietary supplement, a caregiver must obtain written information describing the</p>	Y 875			

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Y 876	Continued From page 7 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 10/27/08, the facility failed to ensure that an ultimate user agreement was obtained for 1 of 5 residents. Findings include: Resident #1 - Date of admission unknown but reported by Employee #2 to be about 3 weeks ago. Review of the record revealed an ultimate user agreement for another facility dated 8/30/05. He admitted that he had not asked the resident's responsible party to sign a new ultimate user agreement for the current facility. Resident # 5- Review of the October 2008 MAR revealed that the resident was administering her own Advair 250/50 inhaler and Spiriva Handihaler. Review of the physician's orders revealed no order, and no physician's statement that she was to administer her own medications. Review of the Ultimate user agreement completed 1/21/06 revealed the facility was to assist the resident with all medications. Severity: 1 Scope: 1	Y 876			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order	Y 878			

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Y 878	<p>Continued From page 8</p> <p>NAC 449.2742</p> <p>6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 10/27/08, the facility did not ensure that medications were administered to 2 of 5 residents as prescribed (Resident #1 and #4).</p> <p>Findings include:</p> <p>Resident #1 - The October 2008 medication administration record (MAR) indicated the resident received Calcium 500mg daily. Review of the medications available revealed a bottle of Calcium 500mg with Vitamin D 125 international units (iu). Review of the physician's order revealed that the Vitamin D was supposed to be 400iu. Employee #2 reported that he had not checked to be sure that the family had brought the correct dosage.</p> <p>Based on review of the medication administration record (MAR) on 10/27/08, the facility did not ensure the MAR was accurate for 1 of 5 residents.</p> <p>Resident #4 - Review of the October 2008 MAR</p>	Y 878			

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Y 878	Continued From page 9 indicated the resident was receiving Hydrocodone APAP 10/325mg tab, one at 7:30 AM and 7:00 PM every day for pain. The pharmacy label and the physician's order revealed the medication was to be administered every 4-6 hours as needed for pain. Employee #1 stated that she gave the medication with the AM and PM medications because she did not want to give the resident too much medication. She stated that the resident acknowledged she had pain at those times when asked. Severity: 2 Scope: 2	Y 878			
Y 922 SS=F	449.2748(3)(a) Medication Labeling NAC 449.2748 3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be: (a) Plainly labeled as to its contents, the name of the resident for whom it is prescribed and the name of the prescribing physician. This Regulation is not met as evidenced by: Based on observation on 10/27/08, the facility failed to ensure medications were plainly labeled for 3 of 5 residents (Resident #1, #3, and #4). Resident #1 - Review of the medications available revealed a bottle of Ascorbic Acid 500mg was not labeled with the physician's name. A bottle of Calcium 500mg was not labeled with the physician's name.	Y 922			

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Y 922	Continued From page 10 Resident #3 - Review of the medications available revealed an Advair diskus inhaler was not labeled with the resident's name or the physician's name. Resident #4 - Review of the medications available revealed the following items were not labeled with the resident's name or the physician's name: A bottle of Crataegus Herbal Liquid, a bottle of Trace minerals, a bottle of Arnica, and a bottle of Nature Thyroid. Severity: 2 Scope: 3	Y 922		
Y 936 SS=D	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 10/27/08, the facility did not ensure that 1 of 5 residents had received the required tuberculosis (TB) skin testing upon admission to the facility. Findings include: Resident #1 - Date of admission reported by	Y 936		

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Y 936	Continued From page 11 Employee #2 was about 3 weeks ago. The resident's file contained documentation the resident completed a TB skin test on 11/9/07. The file did not contain proof the resident received an the required admission one-step TB skin test to comply with NAC 441A. The additional skin test would be combined with the 11/9/07 skin test and qualify as a two-step TB skin test. Severity: 2 Scope: 1	Y 936		
Y 944 SS=A	449.2749(2) Resident File / Discharge NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Based on record review on 10/27/08, the facility did not provide proper documentation regarding 1 of 1 residents who had been discharged. Findings include: Resident #6 - Date of discharge - 6/27/08. The resident's file did not contain required	Y 944		

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Y 944	Continued From page 12 documentation pertaining to the location to which the resident was transferred or the person in whose care the resident was discharged. Severity: 1 Scope: 1	Y 944			
YA566 SS=D	449.267(2)(a-c) Money & Property of Residents NAC 449.267 2. An accurate record must be kept of all money deposited with the facility for use by the resident, including withdrawals. The record must include: (a) A separate accounting of the money held by the facility on behalf of the resident; (b) Receipts for expenditures made by the facility on behalf of the resident; and (c) A written acknowledgement by the resident for each withdrawal of his money. This Regulation is not met as evidenced by: Based on record review and interview on 10/27/08, the facility did not ensure that for 1 of 5 residents an accurate record was kept of all money deposited with the facility for the resident to use; that there were receipts for all expenditures made by the facility on behalf of the resident; and that there were written acknowledgement by the resident for each withdrawal of her money. Findings include: Resident #1 - Review of a complaint received on	YA566			

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YA566	Continued From page 13 10/8/08 revealed allegations that the facility did not maintain an accounting of monies spent from Resident #1's personal allowance for expenditures on her behalf. The owner was asked to produce the financial records and receipts for accounting of Resident #1's personal allowance funds. The owner stated that she had no documentation of expenses for this resident. Severity: 2 Scope: 1	YA566			
YA908 SS=A	449.2746(2)(a-f)PRN Medication Record NAC 449.2746 2. A caregiver who administers medication to a resident as needed shall record the following information concerning the administration of the medication: (a) The reason for the administration; (b) The date and time of the administration; (c) The dose administered; (d) The results of the administration of the medication; (e) The initials of the caregiver; and (f) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on review of the medication administration record (MAR) on 10/27/08, the facility did not	YA908			

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YA908	<p>Continued From page 14</p> <p>ensure documentation for as needed (PRN) medications was complete for 1 of 5 residents.</p> <p>Findings include:</p> <p>Resident #4 - Review of the October 2008 MAR indicated the resident was receiving Hydrocodone APAP 10/325mg tab one at 7:30 AM, and 7:00 PM every day for pain. The pharmacy label revealed the medication was to be administered every 4-6 hours as needed for pain. The MAR did not contain documentation regarding the reason for the administration, the time of the administration, and the results of the administration.</p> <p>Severity: 1 Scope: 1</p>	YA908			

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